



REQUEST TO RIDE OUT WITH SAN JUAN COUNTY FIRE DEPARTMENT

PLEASE PRINT LEGIBLY

NAME	
DATE OF BIRTH	
PHONE #	
ADDRESS	
CITY, STATE, ZIP	
EMERGENCY CONTACT NAME	
EMERGENCY CONTACT PHONE #	

FUNCTION/EVENT FOR RIDE OUT	
DATE(S) FOR RIDE OUT	
TIME(S) FOR RIDE OUT	
FUNCTION/EVENT CONTACT NAME	
FUNCTION/EVENT CONTACT PHONE #	

Below signed parent and/or guardian of above named minor, have given our consent to said ride along, and we, said parent and/or guardian, acting in our several and individual capacities and as parent and/or guardian of said minor, and said minor for himself, in consideration of his ride along as above indicated, do hereby forever release and discharge said fire department, its subsidiary companies and associates in joint operations, from any and all claim liability, direct or indirect, for damages resulting from injuries, which may be received by the said minor while traveling in capacity indicated above, or in any other capacity, by either the aforesaid fire department, by any party operating properties in the operation of which said company is interested, or any corporation or company owned or controlled by it, whether such injuries be due to accident or to carelessness on the part of said minor or of any other person or employee, and we do hereby declare that it is our purpose and intent to release San Juan County Fire Department and said fire department, its subsidiary companies and associates in joint operation from all claims for loss and damage of all character and description including, among others, claims for loss or damage resulting from death, loss of service, loss of support, loss of earning capacity, loss growing out of disability, as well as for damages for pain and suffering resulting directly or indirectly from any kind of injury.

PARTICIPANT SIGNATURE	
PARENT AND/OR GUARDIAN SIGNATURE (if applicable)	